Appendix F

Delta
Trauma Care Region
Trauma Plan

Delta Trauma Care Region, Inc.

Trauma Plan

August, 2004

Revised May 2004

Table of Contents

I Authority and Purpose

The Delta Trauma Care Plan has been written in compliance with the Amended Emergency Medical Services Act of 1974 (MS Code Annotated §§ 41-59-1) to create a statewide trauma system. The purpose of the Delta Trauma Care Region Inc. is to plan, implement, administer, and manage a trauma system for the citizens of Northwest Mississippi.

The plan outlines the structure and operations of the trauma care system within the counties of Bolivar, Carroll, Coahoma, Desoto, Grenada, Humphreys, Issaquena, Leflore, Marshall, Montgomery, Panola, Quitman, Sharkey, Sunflower, Tallahatchie, Tate, Tunica, Washington, and Yalobusha.

Approved: _____

Bennie Wright, MD, Chairman
Delta Trauma Care Region

May 20, 2004
Date signed

II Plan Summary

The purpose of the Delta Trauma Care Region is to plan, implement, administer, and manage a trauma system for the citizens of Northwest Mississippi.

The Delta Trauma Care Region consists of the counties of Bolivar, Carroll, Coahoma, Desoto, Grenada, Humphreys, Issaquena, Leflore, Marshall, Montgomery, Panola, Quitman, Sharkey, Sunflower, Tallahatchie, Tate, Tunica, Washington, and Yalobusha. The entire region is considered rural and has a population of 521,963 (Source-US Census Bureau 2000). The area is also impoverished with eighteen of the nineteen counties having poverty rates above the Mississippi average of 15.5% (Source-US Census Bureau 2000). The largest communities in the region are Southaven, Greenville, Clarksdale, Greenwood and Cleveland. The total square miles for these counties is 10,690.

Health care in the region is represented by nineteen hospitals, one of which does not have an emergency department. The current system is designed around the local EMS provider transporting the trauma patient to the nearest local hospital with an emergency room. For serious trauma cases, the patient is stabilized then transferred if necessary. The University of Mississippi Medical Center (UMC) and The Med in Memphis are the Level I trauma centers that service the Delta with a few patients being transported to Tupelo. Delta Regional Medical Center in Greenville is our only Level II trauma center and also houses the State's Burn Center.

At present there are 19 ground and three air based helicopter ambulance providers serving the region. Sixteen of the ground-based services are ALS. One of the air based services provides scene landing service and the others will provide only inter facility transfers.

The goal of the plan is to develop a trauma system for the Delta region of the state. The current system would be modified to decrease the time between the traumatic incident and the rendering of appropriate care, which would include transfer to the appropriate trauma facility. The revised system would enable EMS providers and the local hospitals to respond in a more efficient and effective manner.

Delta Trauma Care Region, Inc. is a private, non-profit public corporation. Membership in the corporation is available to licensed hospitals participating in the statewide trauma program. The corporation is governed by a Board of Directors, which consists of one representative from each Level IV hospital and two representatives from each I and II hospitals. There are also two representatives from the EMS community.

The Board of Directors employs a regional trauma administrator and appoints two committees to govern the affairs of the Region: an Executive Committee that consists of the Board's Chair, Vice Chair and Secretary/Treasurer, a Regional Medical Control Advisory Committee that shall represent the position of participating hospitals and ALS service provider agencies on issues of pre-hospital care and emergency medical services. Instead of a Performance Improvement Committee, the Board of Directors shall review PI.

The business plan of the region is to establish a smooth operating organization for the system. The region is to adopt an annual budget, and contract with an accounting firm to manage financial filings and operations. The State Department of Health will conduct audits.

The Delta Trauma Care Region, in an effort to provide the highest, most appropriate level of care for their patients, shall insure that each participating hospital develops and maintains transfer agreements with a higher level trauma center as appropriate with their own level of designation and by participating in the statewide trauma system through the MTAC legislative body.

All system participants must meet the requirements established by Mississippi State Department of Health to operate in the State of Mississippi and Mississippi Trauma Care System Regulations. The Delta Trauma Care Region has not placed any additional requirements upon the participating facilities.

III Plan Objectives

The goal of the plan is to develop a trauma system for the Delta region of the state. Specific objectives to achieve this goal include:

1. Develop a program directed to the public for the purpose of reducing traumatic injuries.

2. Establish a standardized response system to trauma that will enable the providers to improve clinical care and to deliver the patient to the appropriate level trauma facility in as little time as possible. The specific elements to be addressed include but are not limited to:
   a) Standardization of pre-hospital care policies, procedures and protocols
   b) Standardization of hospital responses to the trauma patient
   c) Coordination among EMS providers and hospitals to deliver the patient to the nearest appropriate trauma facility

3. Provide for the education of physicians, clinical staff and the public regarding trauma care.

4. A Performance Improvement Plan has been developed and is being utilized to continually evaluate the system.

5. Maintain commitment from the participating hospitals and physicians to the system through representation on the Region's Board.

6. Encourage participation in caring for trauma patients from the region's non-participating hospitals and other health care providers located in the Delta Trauma Care Region.

7. Encourage the region's hospitals to incorporate the trauma patient's rehabilitation into their plan of care. The Region shall also encourage the providers of rehabilitative medicine to develop programs geared to the patients of trauma.

8. Participation, upon request, in any State sponsored research projects relating to trauma and trauma care.

IV Proposed Implementation Schedule

Ongoing	Maintain commitment from the participating hospitals and physicians to the system through representation on the Region's Board.
Ongoing	Encourage participation in caring for trauma patients from the region's non-participating hospitals and other health care providers located in the Delta Trauma Care Region.
Ongoing	Participation, upon request, in any State sponsored research projects relating to trauma and trauma care.
Completed	Trauma plan submitted to the Mississippi State Department of Health. It is revised annually.
Completed	Submission of revised plan to Mississippi State Department of Health.
Ongoing	Implementation of Policies and Procedures of Regional Trauma Plan.
Completed	Implementation of the Performance Improvement Plan to continually evaluate the system.
Ongoing	Develop a program directed to the public for the purpose of reducing traumatic injuries.
Completed	Establish a standardized response system to trauma that will enable the providers to improve clinical care and to deliver the patient to the appropriate level care in as little time as possible.
Ongoing	Begin encouraging the region's hospitals to incorporate the trauma patient's rehabilitation into their plan of care.
Ongoing	Provide for the education of physicians, clinical staff and the public regarding trauma care.

V Administrative Structure

Delta Trauma Care Region, Inc. is a private, non-profit benefit corporation. Membership in the corporation is available to licensed hospitals participating in the statewide trauma program. The corporation is governed by a Board of Directors that consists of two representatives from each Level I and II hospital and one representative from each Level IV hospital. Level I and II hospitals shall have one representative from the hospital administrative staff and one representative from the hospital's active medical staff.

The Executive Committee governs the affairs of The Board of Directors and shall appoint an Executive Committee that consists of the Board's Chair, Vice Chair and Secretary/Treasurer and any others deemed necessary by the board. The committee has the authority to transact all regular business of the corporation during emergency situations.

The Board shall appoint a Regional Medical Control Advisory Committee that shall represent the position of participating hospitals and ALS service provider agencies on issues of pre-hospital care and emergency medical services. Membership on this committee shall be comprised of the medical director for each participating hospital's trauma program and a representative from each EMS service operating in the Region.

The Regional Medical Control Advisory Committee shall also promote communication and coordination among the participating hospitals and all interested parties for effective response to the needs of pre-hospital care. The Committee shall promote region-wide standardization of pre-hospital care policies, procedures and protocols and recommend policies, procedures, protocols, positions, and philosophy of pre-hospital care and standards of care to the Delta Trauma Care Region.

The Board of Directors has chosen to act as the PI committee, and shall review PI reports on a quarterly basis, and any other time necessary.

The Board shall also appoint other non-standing committees as necessary and employ a Regional Trauma Administrator and administrative staff.

Medical leadership is provided through each hospital's trauma program director and the Region's Medical Control Advisory Committee, which is chaired by the Region's Medical Director. Bylaws for this committee are located in Section XV.

Minimum standards for the system's performance will be based on the Plan Objectives and the regulatory requirements set forth by the Mississippi Trauma Care System. The PI Plan shall be the mechanism for measuring the system's performance.

The Delta Trauma Care Region, in an effort to provide the highest, most appropriate level of care for their patients, shall insure that each participating hospital develops and maintains transfer agreements with a higher level trauma center as appropriate with their own level of

designation and by participating in the statewide trauma system through the MTAC legislative body.

The Delta Trauma Care Region shall encourage each local EMS provider to establish mutual aid agreements with their neighboring EMS agencies.

The business plan of the region is to establish a smooth operating organization for the system. The region is to adopt an annual budget, and contract with an accounting firm to manage financial filings and operations. The Board's Secretary Treasurer or Executive Director is the contact with the accounting firm. The region has hired a regional administrator to manage the daily administrative aspects of the organization. An officer will approve all expenses. All checks will require two signatures.

Public funding will be allocated to the participants as calculated by the State Department of Health. Facilities receiving reimbursement from the patient or other third party payors will submit that reimbursement back to the State according to State Trauma System Regulations. The State Department of Health will conduct audits as needed. The Delta Trauma Care Region shall develop policies and procedures for distribution of both sets of funding.

VI Plan Description and Operations

This section describes the current system for victims of medical trauma and the desired result of improvements to the current system.

1 Current System

The Delta Trauma Care Region consists of the counties of Bolivar, Carroll, Coahoma, Desoto, Grenada, Humphreys, Issaquena, Leflore, Marshall, Montgomery, Panola, Quitman, Sharkey, Sunflower, Tallahatchie, Tate, Tunica, Washington and Yalobusha. The entire region is considered rural and has a population of 521,963 (Source-US Census Bureau 2000). The area is also impoverished with eighteen of the nineteen counties having poverty rates above the state average (Source-US Census Bureau 2000). The total squares miles for the Delta Region is 10,690.

County	Area in Square Miles	Population
Bolivar	**876**	**40,633**
Carroll	**628**	**10,769**
Coahoma	**554**	**30,622**
Desoto	**478**	**107,199**
Grenada	**713**	**23,263**
Humphreys	**418**	**11,206**
Issaquena	**413**	**2,254**
Leflore	**592**	**37,947**
Marshall	**706**	**34,993**
Montgomery	**407**	**12,189**
Panola	**684**	**34,274**
Quitman	**405**	**10,117**
Sharkey	**428**	**6,580**
Sunflower	**694**	**34,369**
Tallahatchie	**644**	**14,903**
Tate	**404**	**25,370**
Tunica	**455**	**9,227**
Washington	**727**	**62,977**
Yalobusha	**467**	**13,051**
TOTAL	**10,690**	**521,963**

The current system is designed around the local EMS provider transporting the trauma patient to the nearest local hospital with an emergency room. At present there are 19 ground and three air based helicopter ambulance providers serving the region. 16 of the ground-based services are ALS. One of the air based services provides scene landing service and the others will provide only inter facility transfers.

There are eighteen hospitals in the Delta region of the state and one hospital in Tennessee that is affiliated with our Region. One of these hospitals does not have an emergency department. Thirteen are currently participating in the Mississippi State Trauma Care System and are certified for either Level I, II or IV status.

Each hospital will provide trauma care consistent with their level of certification. This includes staffing and call back of medical and other clinical staff. The patient is stabilized then transferred if necessary. The Med in Memphis is a Level I facility participating in our region. The University of Mississippi Medical Center (UMC) is the other Level I trauma center that receives transfers from our region. Subsequently, most major trauma related transfers are directed towards one of these two facilities. Delta Regional Medical Center in Greenville and occasionally Greenwood Leflore Hospital in Greenwood receive trauma transfers from the southern two-thirds of the region for less critically injured patients. Most of the hospitals in the region have a transfer agreement with UMC and The Med. Some trauma related transfers have been directed to Tupelo.

Hospital	County	City	Level
Regional Medical Center at Memphis	Shelby	Memphis, TN	1
Baptist-Desoto	Desoto	Southaven	4
Bolivar County Medical Center	Bolivar	Cleveland	4
Delta Regional Medical Center	Washington	Greenville	2
Greenwood Leflore Hospital	Leflore	Greenwood	4
Grenada Lake Medical Center	Grenada	Grenada	4
Alliance Health Care	Marshall	Holly Springs	4
Humphreys County	Humphreys	Belzoni	*
Kilmichael Hospital (No ED)	Montgomery	Kilmichael	*
King's Daughter's Hospital	Washington	Greenville	*
North Sunflower Hospital	Sunflower	Ruleville	4
Northwest MS Regional Med Center	Coahoma	Clarksdale	4
Quitman County	Quitman	Marks	4
Senatobia Community	Tate	Senatobia	*
Sharkey-Issaquena	Sharkey	Rolling Fork	*
Tri-Lakes Hospital	Panola	Batesville	*
South Sunflower Hospital	Sunflower	Indianola	4
Tallahatchie General Hospital	Tallahatchie	Charleston	**
Tyler Holmes Memorial Hospital	Montgomery	Winona	4

* - Not yet in the system ** - Awaiting inspection

2 Plan Objectives

The goal of the plan is to develop a trauma system for the northwest region of the state. Specific objectives to achieve this goal include:

1. Develop a program directed to the public for the purpose of reducing traumatic injuries.

2. Establish a standardized response system to trauma that will enable the providers to improve clinical care and to deliver the patient to the appropriate level of care trauma

facility in as little time as possible. The specific elements to be addressed include but are not limited to:

d) Standardization of pre-hospital care policies, procedures and protocols,

e) Standardization of hospital responses to the trauma patient,

c) Coordination among EMS providers and hospitals to deliver the patient to the nearest appropriate facility.

The effectiveness of the response system is measured by the Region's mortality and morbidity rates from trauma as extrapolated from the PI Plan. Sources of data include the State Trauma Registry and MEMSIS.

3. Provide for the education of physicians, clinical staff and the public regarding trauma care.

4. A Performance Improvement Plan has been developed and is being utilized to continually evaluate the system.

5. Maintain commitment from the participating hospitals and physicians to the system through representation on the Region's Board.

6. Encourage participation in caring for trauma patients from the region's non-participating hospitals and other health care providers located in the Delta Trauma Care Region.

7. Encourage the region's hospitals to incorporate the trauma patient's rehabilitation into their plan of care. The Region shall also encourage the providers of rehabilitative medicine to develop programs geared to the patients of trauma.

8. Participation, upon request, in any State sponsored research projects relating to trauma and trauma care.

3 Participant Requirements

All participants must meet the requirements for hospital licensure in their state. Additionally, any participant must meet the requirements for the Mississippi Trauma Care System Regulations as established by the Mississippi State Department of Health and the requirements set forth by any accrediting agencies which the facility subscribes to such as JCAHO.

The process of entering the Delta Trauma Care Region consists of a letter of intent to the Region along with the Department of Health's Application for Trauma Center Designation. An inspection will be scheduled upon acceptance of the application from the State Department of Health. Surveyors will consist of representatives from the State Department of Health. (refer to Section XV of the Mississippi Trauma Care System Regulations for detailed information). A final decision regarding acceptance will be made pending survey results, a positive recommendation by the Mississippi Trauma Advisory Committee and approval by the State Health Officer.

All employees, physicians and volunteers of the participants must be licensed to practice, where a license or certification is required.

4 Revised System

The current system would be improved to reduce traumatic incidents and to decrease mortality and disability from traumatic incidents by allowing transfer, when indicated, to more appropriate trauma facilities that may not be the closest facility. The hospitals of the region may provide stabilization for transfer to a higher-level facility should the patient's condition require.

The elements of the revised system would include the pre-hospital providers, hospitals and the educators of trauma prevention and care. Each of the following elements is discussed in relation to the appropriate Plan Objective (s).

a. Pre-hospital providers

The pre-hospital providers include ground and air based ambulance services, and those fire departments that utilize First Responders. The system would enable these services to arrive on scene as quickly as possible to render care and to provide the necessary information to the receiving trauma center.

Objective: Establish a standardized response system to trauma that will enable the providers to improve clinical care and to deliver the patient to the appropriate level care in as little time as possible.

The Region recognizes that each provider of ambulance services has had individualized protocols regarding trauma care, on and offline medical control and communication systems. The Region has established standardized treatment and transport policies and protocols for all pre-hospital providers operating in the Region including participation in the Regions trauma data collection program. The Region shall monitor each ambulance service through its PI Plan to determine compliance with these policies.

Each ambulance provider is to attempt in good faith to negotiate reciprocity agreements with the services located at and within their common geographic borders to provide for back up in the event of over utilization.

b. Hospitals

The Delta Trauma Care Region recognizes the State standards as being appropriate for the region's needs.

Objective: Establish a standardized response system to trauma that will enable the providers to improve clinical care and to deliver the patient to the appropriate level care in as little time as possible.

Each hospital will have a standardized response to a trauma patient as specified in their trauma program. Each participating hospital will develop a trauma plan consistent with their level of designation and will meet all the State's requirements regarding their level designation. The Region shall work with the State to ensure each facility operates according to their plan.

Trauma patients shall be sent directly to the nearest appropriate trauma center upon direction from local medical controls. Trauma patients will be transferred to the trauma center with the appropriate resources to meet their needs.

All the region's participating hospitals are to have transfer agreements with a higher-level trauma center as appropriate with their own level of designation. The Delta Trauma Care Region Inc. has developed an inclusive inter-facility transfer agreement to be used among the participating hospitals in the region. Each facility in the Delta Trauma Care Region shall also arrange a transfer agreement for specialty rehabilitative services should the patient require a level of care not available regionally.

Objective:
Maintain commitment from the participating hospitals and physicians to the system through representation on the Region's Board.

Each participating facility shall have the opportunity to express its views through its Board of Directors representation. The Mississippi Trauma Care System helps ensure commitment through reimbursement for uncompensated trauma care. The Regional Board of Directors is represented on the State level through the MTAC committee.

Objective:
Encourage participation in caring for trauma patients from the region's non-participating hospitals and other health care providers located in the Delta Trauma Care Region.

Thirteen hospitals with emergency departments have committed to participate. We will continue to work with and encourage the other hospitals to join the trauma system.

Objective:
Encourage the region's hospitals to incorporate the trauma patient's rehabilitation into their plan of care. The Region shall also encourage the providers of rehabilitative medicine to develop programs geared to the patients of trauma.

The region shall encourage its hospitals to utilize other facilities that have rehabilitative therapies. The region shall encourage the providers of rehabilitative therapies to obtain continuing education related to trauma.

Education and Research

Objectives:
Provide for the education of physicians, clinical staff and the public regarding trauma care.

The Region has developed a programs directed to the public for the purpose of reducing traumatic injuries and also provides assistance to each individual hospital for such programs.

The Delta Trauma Care Region Inc. will aid individual facilities in establishing and supporting educational programs regarding trauma care for their physicians, nursing and allied health personnel. The Delta Trauma Care Region Inc. will also support each facility with the provision of trauma prevention programs directed to the public. Support for these programs will be in the form of grants, contributions, communications, research and collaboration with other Regions or State level agencies. The Delta Trauma Care Region Inc. may directly provide trauma prevention education to the public.

Objective:
Participation, upon request, in any State sponsored research projects relating to trauma and trauma care.

The Delta Trauma Care Region shall participate, to the best of its capabilities and upon request, in state level research projects related to trauma care. The Region shall initiate any research projects in accordance with its Performance Improvement Plan.

Objective:
A Performance Improvement Plan has been developed and is utilized to continually evaluate the system.

The Region shall develop and maintain a Performance Improvement Plan that meets the required elements set forth by the Mississippi Trauma Care System. See Section XIV.

VII Medical Organization and Management

System wide administrative Medical leadership is provided through the Regional Medical Director, each hospital's trauma program director and the Region's Medical Control Advisory Committee, which is chaired by the Region's Medical Director. Bylaws for this committee are located in Section XIV. Additionally, the Region's Medical Director sits on the Performance Improvement Committee, and the design for the Regional Plan is approved by the Regional Board of Directors, which includes a physician representative from each participating facility.

Off line and on line medical control currently is the responsibility of each participating facility and Emergency Medical Service. However, it is anticipated that the State will develop a mechanism for Regional Medical Control. When this becomes available the Region will implement a Region-wide medical control system. The Delta Trauma Care Region will develop a region-wide off line and on line medical control. The Region requires that each provider comply with the laws of the State of Mississippi and any other voluntary accreditative agencies such as JCAHO.

Minimum standards for the system's performance will be based on the Plan Objectives and the regulatory requirements set forth by the Mississippi Trauma Care System. The PI Plan shall be the mechanism for measuring the system's performance.

VIII Inclusive Nature of the Trauma System

The Delta Trauma Care Region recognizes that each provider of care has a specific role in this system. The roles of each provider are described in patient chronological order starting with EMS and ending with rehabilitation.

EMS and First Responders - The role of the EMS and First Responders is to render emergency and appropriate ALS care until the patient is delivered to the nearest appropriate facility. This may include the bypass of a lower level or non-designated hospital for a hospital with the ability to better care for the injuries of a particular patient. These providers also activate the system by alerting the receiving trauma facility to the pending arrival of a trauma patient through their medical control.

Receiving Hospitals - Receiving hospitals are facilities designated to receive trauma patients from the field and render care appropriate to their level of trauma designation. Patients requiring care beyond the capabilities of the hospital are to be transferred as soon as feasible through the best available means as determined in consultation with the transferring and receiving trauma center. Receiving hospitals are to utilize the appropriate transfer procedures when transferring a patient to another facility.

Rehabilitation - The region shall encourage its hospitals to utilize other facilities that have rehabilitative therapies should they not have their own. The Region shall encourage the providers of rehabilitative therapies to obtain continuing education related to trauma.

Medical Professionals and Educators – Medical professionals are to provide care within the scope of their licenses or registries. Educators are to provide information to the professionals and general public in a manner that will achieve the objective relating to education.

The Delta Trauma Care Region shall coordinate care with the other regions by ensuring that each participating hospital develops and maintains transfer agreements with at least one higher level trauma center as appropriate based on their own level of designation and by participating in the statewide trauma system through the MTAC legislative body. The Region will coordinate with adjacent Regions in the sharing of treatment and transfer protocols as it relates to pre-hospital care providers.

Transfer of a trauma patient from the field to a hospital that is designated as a Level IV trauma center or a non-participant in the Regions trauma system shall only be at the specific direction of the on-line medical control physician. The Regions PI committee shall review each of these cases. The Region will work with and encourage hospitals who do not participate in the system to re-consider participation in the system.

IX Inter-facility Transfer Agreements

TRANSFER AGREEMENT

Delta Trauma Care Region

This transfer agreement, herein referred to as "Agreement", is made and entered into effective as of this 1st day of October, 2001, by Delta Regional Medical Center, Greenwood Leflore Hospital, Northwest MS Regional Medical Center, South Sunflower Hospital, Bolivar County Medical Center, North Sunflower County Hospital, Tyler Holmes Memorial Hospital, Tallahatchie County Hospital, Alliance HealthCare, Grenada Lake Medical Center, Baptist Hospital - DeSoto and Quitman County Hospital.

WITNESSETH:

Whereas, the Parties are licensed hospitals that have been designated by the Mississippi State Department of Health as "Trauma Care Facilities" under regulations promulgated pursuant to Chapter 41, Title 59 of the Mississippi Code of l9972, as amended (the "Regulations") and that participate as members of the Delta Trauma Care Region, Inc.

Whereas, the Parties have determined that it would be in the best interest of patient care and it would promote the optimum use of their facilities to enter into this Agreement for the transfer of patients among the Parties.

Now, therefore, in consideration of the mutual covenants and agreements herein contained, and for other valuable consideration, the receipt and sufficiency of which is acknowledged, the Parties agree as follows:

1. *TERM.* This agreement shall commence on the effective date first mentioned above and day and shall continue for a period of one (1) year. Thereafter, it shall be renewed automatically for successive periods of one (1) year, unless sooner terminated pursuant to Section 10. This agreement may also be terminated upon prior written notice as to any Party that ceases to participate as a Member of Delta Trauma Care Region, Inc.

2. *PATIENT TRANSFER.* Trauma patient transfers must be (i) in accordance with interfacility transfer guidelines, policies and criteria for patients needing a higher level of care and the regional trauma plan adopted by the Delta Trauma Care Region and (ii) medically prudent, as determined by the transferring hospital's physician of record.

3. GUIDELINES FOR PATIENTS CONSIDERED FOR TRANSFER. (Each facility, based on its level of trauma designation shall, in conjunction with the receiving trauma facility, develop more specific guidelines for the designation of patients for transfer.)

4. *PATIENT RECORDS AND PERSONAL EFFECTS.* The Parties agree to adopt standard forms for medical and administrative information to accompany the patient from Hospital. The information shall include, when appropriate, the following:

    A) Patient's name, address, age; and name, address and telephone number of the next of kin;
    B) Patient's third party billing data;
    C) History of the injury or illness;
    D) Condition on admission;
    E) Vital signs at time of transfer;
    F) Treatment provided to patient, including medications given and route of administration;
    G) Laboratory and x-ray findings, including films (if any);
    H) Fluids given, by type and volume (if any);
    I) Name, address and phone number of physician referring patient;
    J) Name of physician in receiving institution to which patient is being transferred.
    K) Name of physician at receiving institution who has been contacted about patient.

The Parties agree to supplement this information as necessary for the maintenance of the patient during transport and treatment upon arrival at the other. In addition, the Parties agree to adopt a standard form to accompany the patient during transfer. The records shall be placed in the custody of the person in charge of the transporting vehicle who shall sign a receipt for the medical records and the patient's valuables and personal effects and in turn shall obtain a receipt from the receiving institution when it receives the records and the patient valuables and personal effects.

5. *TRANSFER CONSENT.* The Transferring Hospital shall have responsibility for obtaining the patient's consent to the transfer to the receiving hospital prior to the transfer, if the patient is competent. If there is no family member authorized to give consent, the consent of the patient's physician, if one is available or exists may be obtained by the transferring hospital.

6. *PAYMENT FOR SERVICES.* The patient is primarily responsible for any services provided by the Parties and will be billed according to the policies of the applicable Parties or any other provider participating in the transfer.

7. *TRANSPORTATION OF PATIENT.* The transferring hospital shall have responsibility for initiating transportation of the patient in consultation with the receiving facility. The receiving facility shall have final authority regarding the selection of the mode of transportation and the appropriate healthcare practitioner (s) to accompany the patient. The entity providing the transportation shall have appropriate state licensure in the state(s) where they will be transporting patients.

8. FEEDBACK. The receiving trauma center agrees to provide feedback and data regarding the transferred patient to the transferring facility.

9. ADVERTISING AND PUBLIC RELATIONS. No Party shall use the name of the other Party in any promotional or advertising material without the express written consent of the other.

10. *INDEPENDENT CONTRACTOR STATUS.* All Parties hereto are independent contractors. Neither Party is authorized or permitted to act as an agent or employee for the other. Nothing in this Agreement shall in any way alter the freedom enjoyed by a Party, nor shall it in any way alter the control of the management, assets and affairs of the respective parties. Neither Party, by virtue of this Agreement, assumes any liability for any debts or obligations of either a financial or a legal nature incurred by the other Party to this Agreement.

11. *LIABILITY.* To the fullest extent allowed by law, each Party shall be responsible for its own acts and omissions and shall not be responsible for the acts and omissions of the other Party.

12. *TERMINATION.* Any Party hereto may withdraw from participating under this Agreement, with or without cause, by giving Thirty (30) days written notice of its intention to withdraw from this Agreement, and by ensuring the continuity of care to patients who are patients on the date of termination. Upon such withdrawal, this Agreement shall terminate only with respect to the withdrawing hospital, but shall remain in full force and effect as to the other remaining Parties. Any Party may terminate the Agreement immediately upon notice of conduct that is considered to be unethical, unprofessional, fraudulent, unlawful or adverse to the interest, reputation or business of the terminating Party.

13. *NONWAIVER.* No waiver of any term or condition of this Agreement by either Party shall be deemed a continuing or further waiver of the same term or condition or a waiver of any other term or condition of this Agreement.

14. *GOVERNING LAW:* This Agreement is made and entered into the State of Mississippi and is governed by the laws of the State of Mississippi.

15. *ASSIGNMENT.* This Agreement shall not be assigned in whole or in part by any Party hereto without the express written consent of the other Parties except that any Party may freely assign the Agreement to its successor.

16. *INVALID PROVISION.* In the event that any portion of this Agreement shall be determined to be invalid or unenforceable, the remainder of this agreement shall be deemed to continue to be binding upon the Parties in the same manner as if the invalid or unenforceable provision were not a part of this Agreement.

17. *AMENDMENT.* This Agreement may be amended at any time by a written agreement signed by the Parties.

18. *NOTICE.* Any notice required or allowed to be given here under shall be deemed to have been given upon deposit in the United States mail, registered or certified, with return receipt requested, and addressed as follows:

Delta Regional Medical Center
P.O. Box 5247
Greenville, MS 38704-5247

Greenwood Leflore Hospital
P.O. Box 1410
Greenwood, MS 38935

Northwest MS Regional Medical Center
P.O. Box 1218
Clarksdale, MS 38614

South Sunflower Hospital
121 East Baker Street
Indianola, MS 38751

Bolivar Medical Center
P.O. Box 1380
Cleveland, MS 38732

North Sunflower County Hospital
P.O. Box 369
Ruleville, MS 38771

Tyler Holmes Memorial Hospital
409 Tyler Holmes Drive
Winona, MS 38967

Quitman County Hospital
340 Getwell Drive
Marks, MS 38646

Alliance HealthCare
P.O. Box 6000
Holly Springs, MS 38635-6000

Grenada Lake Medical Center
960 Avent Drive
Grenada, MS 38901-5094

Baptist Memorial – DeSoto
7601 Southcrest Pkwy.
Southaven, MS 38671

Tallahatchie General Hospital
230 South Market Street
Charleston, MS 3892

19. *BINDING AGREEMENT.* This Agreement constitutes the entire agreement between the Parties and contain all of the agreements between them with respect to this subject matter and supersedes any and all other agreements, either oral or in writing, between the Parties with respect to this subject.

20. *HEADINGS.* The Headings to the various sections of this agreement have been inserted for convenience only and shall not modify, define, limit or expend express provisions of this Agreement.

21. *GENDER.* Throughout this instrument, wherever the context requires or permits the neuter gender shall be deemed to include the masculine and feminine, and the singular number, the plural, and vice versa.

22. *GOVERNING BODY.* The governing body of each institution shall have exclusive control of its policies, management, assets and affairs, and neither shall incur any responsibility by virtue of this Agreement for any debts or other financial obligations incurred by the other. Further, nothing in this Agreement shall be construed as limiting the rights of either institution to contract with any other facility on a limited or general basis.

23. *COMPLIANCE WITH LAWS.* This Agreement is entered into and shall be performed by both Parties in compliance with local, state and federal laws, rules, regulations and guidelines, including COBRA.

IN WITNESS WHEREOF, the Parties have caused this Agreement to be executed on the day and year first above written.

Delta Regional Medical Center

By: _____
_____
(Printed name)
Title: _____
Date: _____

Greenwood Leflore Hospital

By: _____
_____
(Printed name)
Title: _____
Date: _____

Northwest MS Regional Medical Center

By: _____
_____
(Printed name)
Title: _____
Date: _____

South Sunflower Hospital

By: _____
_____
(Printed name)
Title: _____
Date: _____

Bolivar Medical Center

By: _____
_____
(Printed name)
Title: _____
Date: _____

North Sunflower County Hospital

By: _____
_____
(Printed name)
Title: _____
Date: _____

Tyler Holmes Memorial Hospital

By: _____
_____
(Printed name)
Title: _____
Date: _____

Quitman County Hospital

By: _____
_____
(Printed name)
Title: _____
Date: _____

Alliance HealthCare

By:_____
_____
(Printed name)
Title:_____
Date:_____

Grenada Lake Medical Center

By:_____
_____
(Printed name)
Title:_____
Date:_____

Baptist Memorial – DeSoto

By:_____
_____
(Printed name)
Title:_____
Date: _____

Tallahatchie General Hospital

By:_____
_____
(Printed name)
Title:_____
Date:_____

X Documentation of Hospital Participation

The following is a list of hospitals that currently participate in the Delta Regional Trauma System. Copies of letters of participation from each facility are on file in the Regional offices.

Regional Medical Center @ Memphis (Level I)
877 Jefferson Ave.
Memphis, TN 38103

Delta Regional Medical Center (Level II)
P.O. Box 1410
Greenwood, MS 38935

Greenwood Leflore Hospital (Level IV)
P.O. Box 1410
Greenwood, MS 38935

Northwest MS Regional Medical Center (Level IV)
P.O. Box 1218
Clarksdale, MS

South Sunflower Hospital (Level IV)
121 East Baker Street
Indianola, MS 38751

Bolivar County Medical Center (Level IV)
P.O. Box 1380
Cleveland, MS 38732

North Sunflower County Hospital (Level IV)
P.O. Box 369
Ruleville, MS 38771

Tyler Holmes Memorial Hospital (Level IV)
409 Tyler Holmes Drive
Winona, MS 38967

Quitman County Hospital (Level IV)
340 Getwell Drive
Marks, MS 38646

Alliance HealthCare (Level IV)
P.O. Box 6000
Holly Springs, MS 38635-6000

Grenada Lake Medical Center (Level IV)
960 Avent Drive
Grenada, MS 38901-5094

Baptist Memorial Hospital – DeSoto (Level IV)
7601 Southcrest Parkway
Southaven, MS 38671

Tallahatchie General Hospital (Level IV)
230 South Market Street
Charleston, MS 38921

XI Operational Implementation of Policies

The Delta Trauma Care Regional Plan is a dynamic document and, as such, is constantly evolving. The Plan will be implemented, monitored and evaluated by the Region's Trauma Administrator and the Regional Board of Directors. Enforcement of the policies shall be administrated through the Regional Board of Directors and the Mississippi Department of Health.

All amendments (other than minor grammatical changes) will be submitted to the State for approval prior to implementation.

Policies

This section includes the policies to be used by the Board of Directors and Regional Trauma Coordinator in managing the Delta Trauma Care Region. Policies may be added or deleted as needed with approval from the Board of Directors.

System Organization and Management

PURPOSE: To provide organizational structure and administrative command and control for the Delta Trauma Care Region

POLICY: The Delta Trauma Care Region shall develop and maintain operations for the trauma program in the geographic region delegated by the State of Mississippi Department of Health.

A. The Region shall incorporate, develop and operate a Board of Directors and Regional Bylaws.

B. The Delta Trauma Care Region voting membership shall consist of the geographically eligible hospitals participating in the Mississippi State Trauma Care System. Participating hospitals must be designated trauma centers.

C. Additional members may participate on a non-voting status after approval of the Regional Board.

D. The Regional Board shall develop and maintain a Trauma Plan in accordance with the requirements established by the Mississippi Department of Health.

E. The Regional Board shall appoint a person or entity that shall have administrative authority over the daily operations of the Delta Trauma Care Region.

F. Voting and non-voting members shall participate in the Delta Trauma Care Region as specified in the Board's Bylaws and other policies.

G. Each voting member shall develop and maintain a Mississippi Department of Health designated trauma program.

H. All information submitted from voting and non-voting members to Delta Trauma Care Region shall be considered proprietary. Member organizations shall not use Region's proprietary information for individual organization gain.

Intra-Regional Coordination

PURPOSE: To establish and maintain cooperation among the agencies participating in the regional trauma plan.

POLICY: The Delta Trauma Care Region shall develop and maintain a system designed to facilitate cooperation among the agencies participating in the regional plan.

A. The Region will provide Region-wide coordination through the establishment of regional treatment and transfer policies and protocols for all pre-hospital providers. These protocols will include:
    a. Hospital bypass criteria
    b. Hospital trauma availability/capability
B. The Delta Trauma Care Region has developed a standardized intra-facility transfer agreement and assisted with its implementation.
C. All participants will collect and submit data to the Region. This data will be used to drive the Regional PI program and aggregate data will be shared with all participants.
D. Hospitals must provide to the Delta Trauma Care Region their individual trauma plans and team activation procedures.
E. All agencies shall report to the Delta Trauma Care Region their clinical and operational capabilities regarding trauma care. This is to include but is not limited to facilities, medical specialties and communication capabilities.

Trauma Care Coordination (Inter-region)

PURPOSE: The purpose of this policy is to provide the mechanism for coordinating trauma care between the Delta Trauma Care Region and other Regions located in Mississippi.

POLICY: The Delta Region will facilitate the establishment and maintenance of agreements between the participating hospitals and EMS agencies of the Delta Region and those participating facilities and EMS agencies of neighboring and other applicable regions.

A. That each participating hospital develop and maintain transfer agreements with a higher level trauma center as appropriate with their own level of designation.

B. Each EMS provider, to include hospital-based providers, shall attempt in good faith to establish mutual aid agreements with all adjacent EMS providers.

C. The Delta Trauma Care Region shall maintain contact with neighboring Trauma Regions and the State Department of Health to monitor the status of and changes to the Mississippi Trauma Care System and its Regions. The Region's Trauma Coordinator shall meet monthly or as needed with the other Regional Coordinators or equivalent representatives. The Delta Trauma Care Region shall incorporate any Mississippi Trauma Care System changes and consider changes in other region's plans into the Delta Trauma Care Region's Performance Improvement Plan.

Data Collection and Management

PURPOSE: To provide a framework for collecting, recording and utilizing data for purposes of trending, root cause analysis and performance improvement.

POLICY: The Delta Trauma Care Region shall collect and report all necessary data as required by the Mississippi Department of Health. The Region shall also provide regular reports to the participating facilities.

A. All participating facilities shall report data and trending reports to the Delta Trauma Care Region on a quarterly basis (calendar year).

B. The Delta Trauma Care Region shall provide an annual report to the participating agencies and to the State Department of Health as necessary.

C. Data collected shall be used for performance improvement and system evaluation and shall include but is not limited to:

    1. Time flow data from reception of 911 to arrival at final destination
    2. Mechanism of injury
    3. Geographic location of injury and location of regional and final destination
    4. Circumstances contributing to injury
    5. Diagnosis Codes
    6. Number of trauma deaths and transfers to include reason (s) for each

D. Initial PI will look at Regional/System issues to assure the system is responding according to design. Changes in Region wide policies will be made to reflect proper care based on the data received. Eventually the Region PI program will review specific trauma cases and provide CME's.

Coordination of Transportation

PURPOSE: The purpose of this is to provide guidance regarding the transportation of trauma patients.

POLICY: Trauma centers and EMS agencies shall cooperate to effectively transport a trauma patient to the appropriate trauma center.

A. The regional trauma system shall be activated through current methodology to include 911, *HP or direct phone contact with a hospital.

B. Local ambulance provider(s) shall be dispatched to scene under authority of provider's medical control.

C. Local Medical control will direct the ambulance provider(s) to nearest appropriate trauma center and communicate any necessary information.

Trauma center shall activate their response mechanism and facilitate transfer (if needed) to the nearest appropriate higher-level facility.

Integration of Pediatric Hospitals

PURPOSE: Provide for pediatric trauma care

POLICY: The Delta Trauma Care Region shall integrate pediatric hospitals into the regional system.

A. All designated trauma centers shall maintain a transfer agreement with a pediatric trauma center.

B. Each facility shall arrange for transfer according the agreement.

C. The Delta Trauma Care Region shall facilitate and encourage the pediatric trauma center to provide educational and preventative informational resources into the Region's training, educational and preventative services.

Availability of Trauma Center Personnel and Equipment

PURPOSE: To ensure regulatory compliance with Mississippi Trauma Care System requirements regarding the availability of resources.

POLICY: All participating hospitals in the Delta Trauma Care Region shall comply with Mississippi Trauma Care System requirements by maintaining a constant state of readiness consistent with their level of certification.

A. Surgeons, orthopedic surgeons, anesthesiologists, radiologists, and emergency physicians must be either present or on-call and promptly available as required by State regulations and their facilities level of designation.

B. All hospitals shall have a designated trauma team consisting of physicians, specialists, nursing and clinical ancillary personnel which should be either present or on-call and promptly available.

C. All facilities shall have a designated system for alerting and ensuring response times of staff in 30 minutes or less. Methods of activation may include but are not limited to cell phones, pagers, two-way radio or maintaining on-call staff on premises. Response times shall be documented and provided to the Region. (See Data Collection and Management)

D. Surgeons, orthopedic surgeons, anesthesiologists, radiologists and emergency medicine physicians must be appropriately boarded and maintain adequate CEU's and general surgeons and emergency medicine physicians additionally be certified in ATLS. CRNA's must be licensed to practice in the State of Mississippi.

E. All Equipment used in trauma care shall be in working order, adequate for need and level, and meet appropriate current State Trauma Center requirements.

F. Hospitals experiencing a temporary loss of equipment capability due to failure or repair shall arrange for replacement of equipment and/or proactively arrange for patient transfer or bypass as deemed necessary by that hospital's medical control or Regional medical control.

Criteria for the Activation of the Trauma Team

PURPOSE: To provide hospitals in the Delta Trauma Care Region with guidelines for the activation of their respective trauma systems.

POLICY: All participating hospitals in the Delta Trauma Care Region shall establish criteria for the activation of their respective trauma systems. These criteria will be clearly noted in each institution's trauma policy. The following is intended to serve as a general guideline for the hospitals as each hospital within the Delta Trauma Care Region is unique.

PROCEDURE:

A. Immediate activation of the trauma system (Full Trauma Resuscitation):

1. Glasgow coma scale. (GCS) <14
2. Systolic Blood Pressure <90 mm Hg
3. Respiratory Rate <10 or >29
4. Revised Trauma Score <11
5. Pediatric Trauma Score < 9
6. Penetrating injury to the head, neck, torso, or extremities above the elbows or knees
7. Flail chest
8. Two or more proximal long bone fractures
9. Pelvic fracture.
10. Limb paralysis
11. Amputation proximal to the wrist or ankle
12. Body surface burns >15% (second or third degree) or burns associated with other traumatic or inhalational injury
13. Trauma transfer that is intubated or receiving blood
14. Children under l2 with any of the historical flats outlined below

B. If none of the above applies, evaluate mechanism (Stable patient >12 year. old)

1. Ejection from vehicle with injuries to head, neck, abdomen or pelvis
2. Death in same passenger compartment
3. Extrication time >20 minutes
4. Fall >20 feet
5. Rollover MVC
6. High speed auto crash >40mph
7. Auto deformity >20 inches of external damage or intrusion into passenger compartment >12 inches
8. Auto vs. pedestrian or Auto vs. bicycle (> 5mph)
9. Pedestrian thrown or run over
10. Motorcycle crash 20 mph or separation of rider from the bike

11. If yes to any of above, the attending ER physician may at his own discretion and medical judgment activate a full trauma code or activate modified trauma activation.

System Evaluation and Performance Improvement

PURPOSE: To improve performance of the system.

POLICY: The Delta Trauma Care Region shall review and evaluate the regional trauma care system to improve performance.

A. All designated trauma centers shall participate in the statewide trauma registry.
B. Each Level 1 and 2 trauma center must develop an internal PI plan that minimally address the following key components:
    1. A multidisciplinary trauma committee
    2. Clearly defined authority and accountability for the program
    3. Clearly stated goals and objectives one of which should be the reduction of inappropriate variation in care
    4. Development of expectations from evidenced based guidelines pathways and protocols.
    5. Explicit definitions of outcomes derived from institutional standards
    6. Documentation system to monitor performance, corrective action and the results of the actions taken
    7. A process to delineate privileges credentialing all trauma service physicians
    8. An informed peer review process utilizing a multidisciplinary method
    9. A method for comparing patient outcomes with computed survival probability
    10. Autopsy information on all deaths when available
    11. Medical nursing audits
C. The hospital performance improvement process shall provide for input and feedback from patients, guardians (pediatrics) and provider staff.
    12. Reviews of prehospital care, and times and reasons for both trauma bypass and trauma transfers.

D. The Delta Trauma Care Region shall collect and report data to the State and to participating hospitals. (See Data Collection and Management)

E. The Delta Trauma Care Region shall evaluate and review the following for effectiveness:
    1. the components of the regional system
    2. triage criteria and effectiveness
    3. activation of the trauma team
    4. notification of specialists and ancillary personnel
    5. trauma center diversions and transfers

F. The Delta Trauma Care Region shall develop a performance improvement process that identifies root causes of problems and provides for continuous improvement of the system.

Professional and Staff Training

PURPOSE: To provide guidelines regarding the training of participants' healthcare providers in the care of trauma patients.

POLICY: The Delta Trauma Care Region shall facilitate and maintain the provision of training opportunities for participating facilities. Individual hospitals and physicians must maintain clinical qualifications as specified by the Mississippi Trauma Care System Regulations.

A. As specified by level designation, hospital staff is defined as nurses, allied health and employed pre-hospital personnel.

B. The Delta Trauma Care Region shall transfer any provided information regarding trauma triage guidelines and operational procedural changes associated with trauma care to all participating hospitals and EMS providers located in the region to maintain their current state of readiness. This may be through any means deemed appropriate by the Board.

C. Individual facilities are responsible for disseminating the information to their staff. The Delta Trauma Care Region shall assist with the coordination and promotion of any multi-facility educational sessions on trauma care.

D. The Delta Trauma Care Region Inc. shall provide training to hospital staff on its trauma policies and procedures.

E. Physicians are required to maintain ATLS and a yearly average of 16 hours (48 over 3 years) of CME's as specified by hospital level and clinical specialty in the Mississippi Trauma Care System Regulations. The Delta Trauma Care Region shall relay any information regarding physicians' educational opportunities to the participating facilities.

Public Information and Education

PURPOSE: To provide a format for informing and educating the general public residing in the Delta Trauma Care Region. Purpose is also to provide regulatory oversight for the marketing and advertising by the agencies participating in the Trauma Plan.

POLICY: The Delta Trauma Care Region shall develop and maintain a program of public information and education. Participating agencies shall cooperate with the Delta Trauma Region regarding the promotion of their trauma programs.

A. The Delta Trauma Care Region shall establish a network among its participating hospitals and other providers for the purpose of providing educational materials. The participating hospitals and other providers shall provide the informational and educational materials to the general public through any means deemed acceptable to the Regional Board.

B. The Delta Trauma Care Region shall facilitate speakers, address public groups and serve as a resource for trauma education. The Region may establish a grant program to assist Regional facilities with the provision of continuing trauma education.

C. The Delta Trauma Care Region shall assist its participating agencies in the development and provision of education to the public regarding the topics of injury prevention, safety education, and access to the system.

D. No participating agency shall use the terms “trauma center, trauma facility, trauma care provider” or similar terminology in its signs, printed material or public advertising unless the materials meets the requirements of the Mississippi Trauma Care System Regulations as set forth in Miss Code Ann. 41-59-1.

E. All marketing and promotional plans relating to the trauma program shall be submitted to the Delta Trauma Care Region for review and approval, prior to implementation. Such plans shall be reviewed and approved based on the following guidelines.

*the information is accurate,
*the information does not include false claims,
*the information is not critical of other system participants,
*the information shall not include any financial inducements to any providers or third parties.

Injury Prevention Programs

PURPOSE: The purpose of the policy is to provide a format for the Delta Trauma Care Region's participation in injury prevention activities.

POLICY: The Delta Trauma Care Region shall participate in injury prevention activities

A. The Delta Trauma Care Region shall assist participating facilities with the provision of injury prevention activities.

    1. If desired, each facility may request assistance from the Region, in writing, at least one month before commencement of the class or event.
    2. Assistance may consist of but not be limited to promotion, research and acquisition of speakers.
    3. Financial assistance from the Delta Trauma Care Region may be provided by Board Resolution only. Individual facilities are otherwise financially responsible for their activities

B. The Delta Trauma Care Region shall facilitate and encourage the coordination of injury prevention activities with other regions.

C. Each participating facility shall be encouraged to provide an injury prevention activity yearly.

XII Description of Critical Care Capabilities within Region

Most of the local EMS providers are capable of providing ALS level of care with Quitman, Humphreys and Sharkey-Issaquena County services providing a BLS level of service. The hospitals of the region refer most of their trauma-related transfers to University of Mississippi Medical Center in Jackson or The Med in Memphis. The charts on the following page summarize the critical care capabilities of the facilities participating in the Delta Trauma Care Region.

Summary Table of Facility Resources

Hospital	*Abbreviation*	*County*	*City*	*Level*
Regional Medical Center (The Med)	RMC	Shelby, TN	Memphis	1
Baptist-Desoto	BD	Desoto	Southaven	4
Bolivar County Medical Center	BCMC	Bolivar	Cleveland	4
Delta Regional Medical Center	DRMC	Washington	Greenville	2
Greenwood Leflore Hospital	GLH	Leflore	Greenwood	4
Grenada Lake Medical Center	GLMC	Grenada	Grenada	4
Alliance Health Care	AHC	Marshall	Holly Springs	4
Humphreys County Hospital	HCH	Humphreys	Belzoni	**
Kilmichael Hospital	KH	Montgomery	Kilmichael	**
King's Daughter's Hospital	KDH	Washington	Greenville	**
North Sunflower Hospital	NSH	Sunflower	Ruleville	4
Northwest MS Regional Med Center	NMRMC	Coahoma	Clarksdale	4
Quitman County	QC	Quitman	Marks	4
Senatobia Community Hospital	SCH	Tate	Senatobia	**
Sharkey-Issaquena	SI	Sharkey	Rolling Fork	**
South Panola Community Hospital	SPCH	Panola	Batesville	**
South Sunflower Hospital	SSH	Sunflower	Indianola	4
Tallahatchie General Hospital	TGH	Tallahatchie	Charleston	4*
Tyler Holmes Memorial Hospital	THMH	Montgomery	Winona	4

* - Not yet inspected
** - Not participating

	Level of Certification	Trauma Surgeon Availability	Trauma Surgeons	ICU Beds	24 Hour Angiography	Pediatric ICU	Burn Unit	Neuro ICU	Inpatient Rehabilitative Services	Pediatric ED	Cardiac Surgeon/Cardiac Bypass	Dialysis	Number of Operating Rooms	Orthopedic Surgeons	ED Visits Per Year
BD *	0														
BCMC	4	N	2	6	Y	N	N	N	Y	N	N	Y	4	0	18,000
DRMC	2	Y	5	16	Y	N	Y	N	Y	N	Y	Y	8	4	18,000
GLH	3	Y	2	14	Y	N	N	N	Y	N	N	Y	10	4	36,000
GLMC	0	N	1	5	Y	N	N	N	Y	N	N	Y	6	1	18,500
AHC	0	N	1	0	Y	N	N	N	N	N	N	N	2	0	6,720
HCH *	0														
KD – G *	4	Y			Y	N	N	N	N	N	N	Y		4	
NSH	4	N	0	0	N	N	N	N	N	N	N	N	0	0	2,800
NMRMC *	4	N	0	0	N	N	N	N	N	N	N	N	0	0	3,600
QC	4											N			
SCH *	0														
SI *	0											N			
SPCH *	0														
SSH	4	N	1	4	Y	N	N	N	N	N	N	N	0	0	12,000
TGH *	0														
THMH	0	N	0	0	N	N	N	N	N	N	N	N	0	0	5,700
KH	0	N	0	0	N	N	N	N	N	N	N	N	0	0	0
TOTALS															

PREHOSPITAL CARE RESOURCES

BOLIVAR

System Access	911
EMS Provider	Bolivar County Medical Center EMS
Coverage	County
Level of Care	ALS
Business Phone	62-846-0061
Medical Control	Bolivar County Hospital

CARROLL

System Access	911
EMS Provider	Medstat
Coverage	County
Level of Care	ALS
Business Phone	662-283-1110
Medical Control	UMC

COAHOMA

System Access	911
EMS Provider	Emergystat
Coverage	County
Level of Care	ALS
Business Phone	1-800-695-7828
Medical Control	UMC

DESOTO

System Access	911
EMS Provider	Desoto County EMS
Coverage	County
Level of Care	ALS
Business Phone	
Medical Control	

GRENADA

System access	911
EMS Provider	Grenada Lake Medical Center EMS
Coverage	County
Level of Care	ALS
Business Phone	662-227-7000
Medical Control	GLMC

HUMPHREYS

System access	911
EMS Provider	Humphreys County Hospital EMS

	Coverage	County
	Level of Care	BLS
	Business Phone	662-247-3831
	Medical Control	Humphreys County Hospital

ISSAQUENA

System access		911
EMS Provider		Sharkey-Issaquena County EMS
	Coverage	Sharkey-Issaquena Counties
	Level of Care	ALS
	Business Phone	
	Medical Control	

LEFLORE

System access		911
EMS Provider		Medstat
	Coverage	County
	Level of Care	ALS
	Business Phone	662-283-1110
	Medical Control	UMC

MARSHALL

System Access		911
EMS Provider		Emergystat
	Coverage	County
	Level of Care	ALS
	Business Phone	1-800-695-7828
	Medical Control	UMC
EMS Provider		Medstar
	Coverage	County
	Level of Care	ALS
	Business Phone	
	Medical Control	

MONTGOMERY

System Access		911
EMS Provider		Medstat
	Coverage	County
	Level of Care	ALS
	Business Phone	662-283-1110
	Medical Control	UMC

PANOLA

System Access		911
EMS Provider		Emergystat
	Coverage	North Panola County

	Level of Care	ALS
	Business Phone	1-800-695-7828
	Medical Control	
EMS Provider		South Panola EMS
	Coverage	South Panola County
	Level of Care	ALS
	Business Phone	
	Medical Control	

QUITMAN

System Access		911
EMS Provider		Quitman County EMS
	Coverage	County
	Level of Care	BLS
	Business Phone	
	Medical Control	

SHARKEY

System Access		911
EMS Provider		Sharkey-Issaquena County EMS
	Coverage	Sharkey-Issaquena Counties
	Level of Care	ALS
	Business Phone	662-873-6220
	Medical Control	Sharkey-Issaquena Hospital

SUNFLOWER

System Access		911
EMS Provider		Emergystat
	Coverage	County
	Level of Care	ALS
	Business Phone	662-283-1110
	Medical Control	UMC

TALLAHATCHIE

System Access		911
EMS Provider		Emergystat
	Coverage	County
	Level of Care	ALS
	Business Phone	1-800-695-7828
	Medical Control	UMC

TATE

System Provider		911
EMS Provider		Emergystat
	Coverage	County
	Level of Care	ALS
	Business Phone	
	Medical Control	

TUNICA

System Access		911
EMS Provider		Rural Metro EMS
	Coverage	County
	Level of Care	ALS
	Business Phone	
	Medical Control	

WASHINGTON

System Access		911
EMS Provider		Delta Regional EMS
	Coverage	County
	Level of Care	ALS
	Business Phone	
	Medical Control	

YALOBUSHA

System Access		911
EMS Provider		Yalobusha County EMS
	Coverage	County
	Level of Care	ALS
	Business Phone	
	Medical Control	

XIII Performance Improvement Plan

Performance Improvement is the key to monitoring, evaluating and improving the trauma system. It involves a continuous multidisciplinary effort to measure, evaluate and improve both the process of care and the outcome. A major objective of PI is to reduce inappropriate variation in care and assure compliance with Regional treatment and transfer protocols. Trauma centers at all levels, EMS services, and the regional system itself, are expected to demonstrate a clearly defined program.

All Trauma Centers will develop and have in place a performance improvement process focusing on structure, process and outcome evaluations which focus on improvement efforts to identify root causes of problems, intervene to reduce or eliminate these causes, and take steps to correct the process. In addition, the process shall include:

(a) a detailed audit of all trauma-related deaths, major complications and transfers (including interfacility transfers);

(b) a multidisciplinary trauma peer review committee that includes all members of the trauma team.

(c) participation in the trauma system data management system.

(d) the ability to follow-up on corrective actions to ensure performance improvement activities.

The system shall provide for input and feedback from patients and guardians to hospital staff regarding the care provided. (*Mississippi Trauma Care System Regulations,* Section IX)

The Region is responsible for ongoing evaluation of its system. Accordingly the Region will develop a procedure for receiving information from EMS providers, Trauma Centers and the local medical community on the implementation of various components of the Region's Trauma System, including, but not limited to: (1) components of the Regional Trauma Plan, (2) triage criteria and effectiveness, (3) activation of trauma team, (4) notification of specialists and (5) trauma center diversion. (*MTCSR* Section VIII.8.1)

Based upon information received by the Region in the evaluation process, the Region shall annually (or as often as necessary to insure system performance) prepare a report containing results of the evaluation and a performance improvement plan. Such report shall be made available to all EMS providers, Trauma Centers and the local medical community.

The Region shall ensure that all Trauma Centers participate in this annual evaluation process, and encourage all other hospitals that treat trauma patients to do likewise.

Specific information related to an individual patient shall not be released. Aggregate system performance information and evaluation will be available for review. (*MTCSR,* Section VIII.8.2.)

XIV Medical Control Advisory Committee

Delta Trauma Care Region Inc.
Regional Medical Control Advisory Committee

BYLAWS

ARTICLE I

NAME

SECTION 1.
The Committee shall be referred to as the Delta Medical Control Advisory Committee.

SECTION 2.
Robert's Rules of Order shall govern the Committee.

ARTICLE II

PURPOSES

SECTION 1.
The purposes of the Committee shall be to:
A. Represent the position of participating hospitals and ALS service provider agencies on pre-hospital care and emergency medical services issues, as may be deemed necessary.

B. Promote communication and coordination among participating hospitals and all interested parties for effective response to determine needs of pre-hospital care.

C. Promote region-wide standardization of pre-hospital care policies, procedures and protocols.

D. Recommend policies, procedures, protocols, positions, and philosophy of pre-hospital care and standards of care to the Delta Trauma Care Region.

ARTICLE III

AUTHORITY

SECTION 1. AUTHORITY

A. The Committee shall function as advisory to the Delta Trauma Care Region Inc.

B. The Region shall inform the committee, at the next regularly scheduled meeting, of any committee recommendation that is overruled or modified and provide details of the reversal or modification.

ARTICLE IV

MEMBERSHIP

SECTION 1. MEMBERS

A. Membership:
The Committee shall consist of:
Each hospital's Trauma Program Medical Director.
A representative from each EMS service operating in the region.

Ex-officio - non-voting membership:

The Committee ex-officio, non-voting, membership shall consist of representative(s) from other (non-participating) hospitals from the region, those public agencies employing First Responders and other agencies as deemed necessary by the Committee.

SECTION 2. APPOINTMENT AND TERM
A. Members are appointed and serve at the request of the Delta Trauma Care Region

B. Voting membership shall serve until:

1. Resignation
2. Replacement
3. Removal

SECTION 3. VOTING
Each participating hospital represented shall have one (1) vote. Votes shall be recorded as:
A. In Favor
B. Opposed
C. Abstain

SECTION 4. ATTENDANCE
A. Members are expected to attend all meeting of the Committee.

B. Absence

1. Absence is defined as failure of the member to notify the committee's Chairperson prior to the meeting.
2. Absences are grounds for removal from the committee.

SECTION 5. REMOVAL
The following are reasons for removal of a member or alternate from the Committee:
A. Excessive Absence

B. Disruption and/or rude behavior

C. Lack of participation and/or work product

D. Violation of Bylaws

ARTICLE V

OFFICER ELECTIONS

SECTION 1. OFFICERS
The Region's Medical Director shall serve as Chairperson
The committee shall elect a Vice Chairperson.

Election of the Vice Chairperson shall occur yearly and the term of office shall be July 1 through June 30.

SECTION 2. RESPONSIBILITIES OF OFFICERS
The Chairperson shall preside over committee meetings.

The Chairperson shall participate in the preparation of the agenda for each committee meeting.

The Vice Chairperson shall assume the responsibilities of the chairperson in the absence of the Chairperson.

SECTION 3. ELECTIONS
A. Elections shall be held yearly at the June Committee meeting, and whenever a vacancy of office occurs.

B. Nominations for officers are requested by the Chairperson in May and accepted until the election. Any member may nominate any other member. The member nominated must accept the nomination in order for the nomination to be valid.

C. Committee members shall elect the committee officers by closed ballot. A majority of the votes will decide the election.

SECTION 4. VACANCIES

A. If the Chairperson should vacate the office during the term, the Vice Chairperson shall become Chairperson and preside over the elections of a new Vice Chairperson.

B. If the Vice Chairperson should vacate the office, the Chairperson shall preside over the election process.

ARTICLE VI

BUSINESS

SECTION 1. QUORUM

Quorum shall consist of fifty-one percent (51%) of Committee member votes. Business of the Committee shall not be conducted unless a quorum is present.

SECTION 2. BYLAWS

A bylaw's change requires that the recommended change be placed on the agenda as a non-action item. At the next committee meeting, the bylaws may be recommended for change by a two-thirds (2/3) vote. All bylaw changes require approval of the Delta Trauma Care Region.

ARTICLE VII

DELTA TRAUMA CARE REGION

The Delta Trauma Care Region volunteers to perform the following functions to assist the committee:

SECTION 1. REPRESENTATION

A A representative of the Delta Trauma Care Region shall be present at each committee meeting. Representative may be either a Board member or paid employee of the Board

B. Delta Trauma Care Region representative(s) are non-voting member (s) of the committee.

C. The representative (s) shall have the right to be heard before the committee on any matter on the agenda, after being recognized by the Chairperson.

SECTION 2. RESPONSIBILITIES OF DELTA TRAUMA CARE REGION
The Region shall:

A. In consultation with the Chairperson, establish the agenda.

B. Record the proceedings and prepare the meeting minutes.

C. Maintain the committee records including: an updated list of members and officers, member addresses and phone numbers, a copy of the Bylaws and a file of all meeting minutes.

D. Distribute the meeting notice and any other committee mailings.

PROTOCOLS

The Delta Trauma Care Region has elected to use the Model Protocols developed by the State of Mississippi.

Delta Trauma Care Region

Destination Guidelines

PURPOSE: The goal of the Delta Trauma Care Region is to assure that the trauma patient will be transported to the trauma facility most appropriately equipped to handle their medical needs, and that this be done in an acceptable time frame.

POLICY:

A. The following patients shall be transported to the nearest facility with an open emergency room that has the capabilities of providing ACLS care:

1. Pulseless and/or non-breathing
2. Unstable or unmanageable airway
3. Rapidly deteriorating vital signs and/or overall condition

B. The following criteria should be used as a tool in identifying the major or multiple-injury trauma patient. (Regional hospital activation guidelines shall meet these guidelines at a minimum).

1. Glasgow Coma Scale (GCS) < 12
2. Systolic blood pressure <90 mm Hg
3. Respiratory rate <10 or >29
4. Penetrating injury to the head, neck, torso or extremities above the elbows or knees.
5. Flail chest
6. Two or more proximal long bone fractures
7. Pelvic fracture
8. Limb paralysis
9. Amputation proximal to the wrist or ankle
10. Body surface burns> 15% (second or third degree) or burns associated with other traumatic or inhalation injury.
11. Trauma transfer that is intubated or receiving blood
12. Children under 12 with any of the history outlines below

C. Mechanism of injury and special considerations must be considered when making the destination decision, but must not be used as absolute criteria.

1. Mechanisms of injury to be considered should include, but are not limited to: (stable patient > 12 years old)
    a. Ejection from vehicle with injuries to head, neck, abdomen or pelvis.
    b. Death in same passenger compartment
    c. Rollover MVC
    d. Extrication >20 minutes
    e. Evidence of high-speed crash > 40 mph
    f. Fall >20 feet
    g. Auto deformity >20 inches or external damage or intrusion into passenger compartment >12 inches
    h. Auto vs. pedestrian or auto vs. bicycle > 5 mph
    i. Pedestrian thrown or run over
    j. Motorcycle crash >20 mph or separation of rider from the bike

2. Special considerations should include, but are not limited to:
    a. Age (<5 or >55)
    b. Pregnancy
    c. Cormorbid conditions

D. Scene times should be determined by patient care needs.

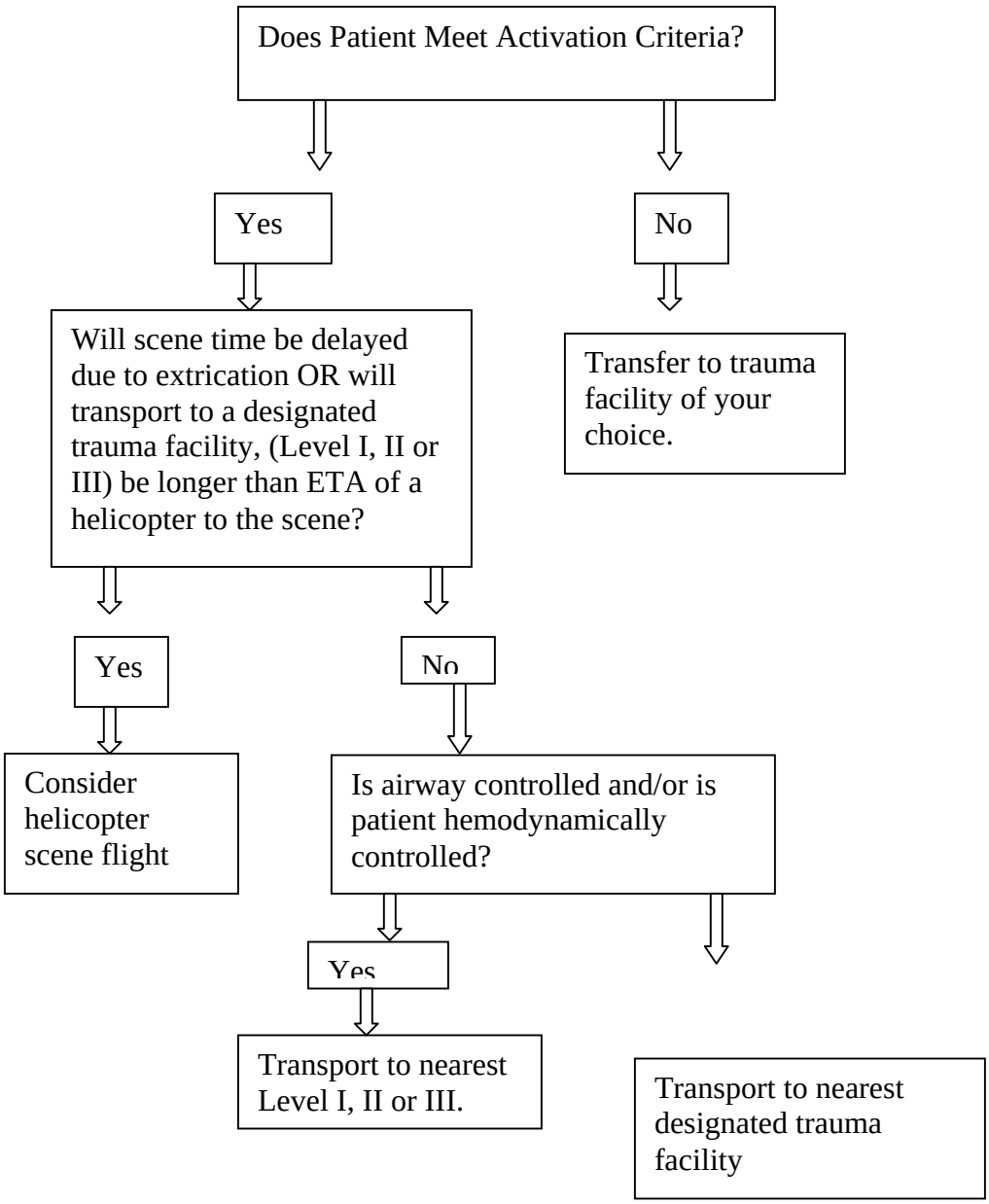
1. Scene times should be limited to 10 minutes or less for patients presenting with multisystem trauma, altered LOC shock, respiratory distress or circulatory compromise.
2. Extenuating circumstances will obviously extend this limit (e.g. multiple patients, extrication time, hazardous materials, etc.)
3. Patients presenting with localized injury limited to extremities and without circulatory or neurologic compromise should have their injuries stabilized carefully prior to transport.

E. EMS agencies shall immediately notify the receiving facility of impending arrival of trauma patients in order that the receiving facility can determine the number and type of patients they are capable of handling at that particular time.

F. Bypass or Diversion: Any Trauma Center going on or off diversion or bypass shall notify EMS Dispatch immediately.

G. Prior to EMS crew departure, Patient Care Reports should be left at the receiving facility for ALL trauma patients, with documentation from time of dispatch until time of report at receiving facility. In extenuating circumstances, (e.g. back-to-back EMS runs) this time-frame will be extended, allowing the crew 24 hours to leave a copy of the report at the receiving facility.

PROCEDURE: Identify the patient's needs in order to transport to the most appropriate facility. The "decision tree" on the following page is to be used as a basic guideline.



1. If the Paramedic/EMT has any doubt as to whether a patient is a major trauma victim, he/she should consult with Medical Control and/or the receiving trauma facility at the earliest stage possible in the patient's evaluation.

2. If an ambulance service is a BLS, the EMT should consider going to the nearest facility for IV access and/or stabilization prior to transport to a trauma center.

3. If a facility refuses a patient or declares trauma diversion the paramedic must contact medical control for orders for patient destination.

4. A controlled airway is defined as a patient with a GCS of 9 or greater, able to protect their airway or a patient who has been intubated. Hemodynamically stable is defined as no signs and symptoms of hypoperfusion such as altered LOC, no peripheral pulses, mottled skin (children), cyanosis, and/or hypotensive for age.